

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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2007

STATE OF HAWA!!
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Medeiros	Nick		916-441-7196	
MAILING ADDRESS (Street)			FAX	
1127 11th Street, Suite 350			916-441-2940	
(City)	(State)	(Zip	(Zip Code)	
Sacramento	CA	958	95814	
EMPLOYING ORGANIZATION (Fill in only if you are	employed by a business entity which has bee	en retained to lobby)	TELEPHONE	
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Plug Power Inc. MAILING ADDRESS (Street) 968 Albany Shaker Road		TELEPHONE 518-782-7700 FAX			
				518-782-7884	
				(City)	(State)
		Latham	New York	12110	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
Gerard L. Conway, Jr.		518-782-7700			
MAILING ADDRESS (Street)	And Andrew College Production	FAX			
968 Albany Shaker Road		518-782-7884			
(City)	(State)	(Zip Code)			
Latham	New York	12110			

DADE III DECORIDEION	OF 0110 IF070 110011111		-		
PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBBY			
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	Hydrogen fuel cells		
PART IV CERTIFICATIO	N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Nucl	Melens		101-		
- Mac Muchins 3/12/07		1100			
(Signature of Lobbyist) (Date)		(Date)			
PART V AUTHORIZATION	ON TO LOBBY				
PART V AUTHORIZATIONAME	ON TO LOBBY	TITLE OF AUTHORIZING OFFICER	R OR PERSON REPRESENTED		
	ON TO LOBBY	TITLE OF AUTHORIZING OFFICER General Counsel & VP of C			
NAME					
NAME Gerard L. Conway, Jr.			Government Relations		
NAME Gerard L. Conway, Jr. NAME OF ORGANIZATION (if a			Government Relations TELEPHONE		
NAME Gerard L. Conway, Jr. NAME OF ORGANIZATION (if a Plug Power Inc.	pplicable)		Government Relations TELEPHONE 518-782-7700		
NAME Gerard L. Conway, Jr. NAME OF ORGANIZATION (if a Plug Power Inc. MAILING ADDRESS (Street)	pplicable)	General Counsel & VP of 0	Government Relations TELEPHONE 518-782-7700 FAX		
NAME Gerard L. Conway, Jr. NAME OF ORGANIZATION (if a Plug Power Inc. MAILING ADDRESS (Street) 968 ALBANY SHAKER	pplicable) ROAD	General Counsel & VP of C	Government Relations TELEPHONE 518-782-7700 FAX 518-782-7884		
NAME Gerard L. Conway, Jr. NAME OF ORGANIZATION (if a Plug Power Inc. MAILING ADDRESS (Street) 968 ALBANY SHAKER (City) Latham	pplicable) ROAD (State) New Yorl	General Counsel & VP of C	FAX 518-782-7884 Zip Code)		
NAME Gerard L. Conway, Jr. NAME OF ORGANIZATION (if a Plug Power Inc. MAILING ADDRESS (Street) 968 ALBANY SHAKER (City) Latham	pplicable) ROAD (State) New Yorl	General Counsel & VP of Counse	FAX 518-782-7884 Zip Code)		